

Operations (Trades, Outdoor Services, CBS)

EMPLOYEE'S NAME:

SUPERVISOR'S NAME:

CHOOSE 5 Daily Required Work Wear Items

Item Number	Item Name	Color	Size	Quantity
1)				
2)				
3)				
4)				
5)				

Choose 1 Formal Wear Item

1)				
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Choose 1 Specialty Item

1)				
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